

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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36		2				
37		1				
38		2				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		2				
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TOTAL IND.	4					
TOTAL DEP.						
TOTAL CLAIMS	56					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
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TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
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